

VEHICLE NO: SNJ 9542 A	MAKE & MODEL: Mercedes Benz E200	AUTO / MANUAL
DATE OF ACCIDENT: 16 / 08 / 2024	CC: 1-8	
TIME OF ACCIDENT: 1355 HRS		
LOCATION OF ACCIDENT: PIE towards Tuas before KPE / Kallang bahn		
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER: Sevan S/O A Kumarasamy		
TEL NO:	H/P: 9105 5750 OFFICE:	HOME:
NRIC: 868201341		
ADDRESS: Apt Bk 8 St. George's Lane #02-245 8 320008		
EMAIL: STEVE RAJOO @ yohoo.com.sg		
CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY		
FLEET POLICY: YES / NO?		
INSURANCE COMPANY: EQ Insurance		
TYPE OF COVERAGE: Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO: DMPPHQ23-005974		
NAME OF DRIVER: AS ABOVE / IF NO:		
NRIC: As above	ANY PASSENGER: NA	
DATE OF BIRTH: 23 / 05 / 1968	LICENCE PASSED DATE: 26 / 07 / 1988	
OCCUPATION: OUTDOOR / INDOOR		
GENDER: MALE / FEMALE		
CONTACT NO: H/P: As above	OFFICE:	HOME:
ADDRESS: As above		
EMAIL: As above		
DOES DRIVER OWNED ANY VEHICLE: NO / IF YES, REG NO:	INSURER:	
RELATIONSHIP: Owner		
WEATHER CONDITION: CLEAR / RAINING / OTHERS:		
ROAD SURFACE: DRY / WET / OTHER:		
ANY INJURIES: NO / IF YES, WHO?		
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT: NO / IF YES, WHERE?		
NOTICE OF INTENDED PROSECUTION GIVEN? NO / IF YES, WHO?		
VEHICLE B REG NO: SHC 1317U	ANY PASSENGERS: unknown	
NAME OF DRIVER: Goh Kua Tet	CONTACT NO: 9697 5765	
VEHICLE C REG NO:	ANY PASSENGERS:	
VEHICLE D REG NO:	ANY PASSENGERS:	
VEHICLE E REG NO:	ANY PASSENGERS:	
VEHICLE F REG NO:	ANY PASSENGERS:	
VEHICLE G REG NO:	ANY PASSENGERS:	
Any witness? IF yes, Name?	Witness Contact:	
WAS THERE ANY VIDEO CAPTURE? YES / NO		
WAS THERE ANY AUDIO RECORDED? YES / NO		
ACCIDENT SCENE PHOTOS TAKEN? YES / NO		
ACCIDENT PORTION: Rear Portion		
Have you been approach by unknown person soliciting to offering accident claims assistance? YES / NO		
WORKSHOP PARTICULAR: N-51 Automotive Pte Ltd		
CONTACT NO: 68420051 / 67440510		
CONTACT PERSON: Steve 88215151		
FAX NO: 67410510		
WORKSHOP EMAIL: sales@n51.com.sg		

Describe Circumstances of the Accident

As of above date & time, I was driving my vehicle (SNJ 9542A) along PIE towards Tuas on the Extreme left lane of a 4 lane Road. Before the exit of KPE / Kallang Bahru, the vehicle in front of my vehicle slowed down & stopped. I followed accordingly. Out of a sudden, vehicle BC SHC 1317U) collided into the rear portion of my vehicle.

Video footage Attached.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

